

DBM PERSONNEL CICS TRANSACTION ACCESS REQUEST

Circle One: **ADD** **CHANGE** **DELETE**

User Name: _____

User ACF2 Logon-id: _____

User Email Address: _____

User Phone Number: _____

Agency Name: _____

Agency Address: _____

Provide Access To:
(Indicate which transactions)

Agency Access Code:
(2, 4 or 6 character STARS Code)

Personnel History File: **Y** **N** _____

Position Status File: **Y** **N** _____

List Any Agency Specific Transactions:

Agency Personnel Officer:

Signature: _____ **Date:** _____

Printed Name: _____

Email Address: _____

**Return to: Security Services
DBM/OIT/EIS
45 Calvert Street
Annapolis, MD 21401**

Revised: May, 2006